

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): _____ ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY CASE NUMBER:
INCOME AND EXPENSE DECLARATION		

1. Employment

Fill out the information below on your current job, or if you're unemployed, your most recent job.

- Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)**
- a. Employer name:
 - b. Employer's address:
 - c. Employer's phone number:
 - d. Your occupation:
 - e. Date job started:
 - f. If unemployed, date job ended:
 - g. I work about _____ hours per week.
 - h. I get paid \$ _____ gross (before taxes) per month per week per hour

If unemployed now, list the hours you worked and what you got paid on your last job.

If you have more than one job, attach an 8½-by-11" sheet of paper and list the same information as above for your other jobs. Write "Question 1-Other Jobs" at the top.

2. Age and Education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent yes no If no, highest grade completed _____
- c. Number of years of college completed (specify): _____ degree obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ degree(s) obtained (specify): _____
- e. I have the following: professional/occupational licenses (specify): _____
 vocational training (specify): _____

3. Tax information

- a. I last filed taxes in _____ (year)
- b. My tax filing status is:
 single head of household married filing separately
 married filing jointly with (specify name): _____
- c. I file state tax returns in: California Other (specify): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

4. Other party's income

I estimate the gross monthly income (before taxes) of the other party in this case is: \$ _____
 This estimate is based on (explain): _____

If you need more space to answer any questions on this form, attach an 8½-by-11" sheet of paper and write the question number before your answer. Number of pages attached _____.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. *(Cross out your social security number on the pay stub or tax return.)*

Average
monthly (total
last 12 months
divide by 12)

5. **Income** *(list all sources that you have received for the last 12 months—for average monthly, divide by 12)*
- | | Last month | |
|---|------------|-------|
| a. Salary or wages <i>(gross, before taxes)</i> | \$ _____ | _____ |
| b. Overtime <i>(gross, before taxes)</i> | \$ _____ | _____ |
| c. Commissions or bonuses | \$ _____ | _____ |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ _____ | _____ |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ _____ | _____ |
| f. Pension/retirement fund payments | \$ _____ | _____ |
| g. Social security retirement (not SSI) | \$ _____ | _____ |
| h. Disability <input type="checkbox"/> social security (not SSI) <input type="checkbox"/> state disability (SDI) <input type="checkbox"/> private | \$ _____ | _____ |
| i. Unemployment compensation | \$ _____ | _____ |
| j. Workers' compensation | \$ _____ | _____ |
| k. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) <i>(specify)</i> : | \$ _____ | _____ |

6. **Investment income**
- | | | |
|-----------------------------------|----------|--|
| a. Dividends/interest | \$ _____ | |
| b. Rental property income | \$ _____ | |
| c. Trust income | \$ _____ | |
| d. Other <i>(specify)</i> : | \$ _____ | |

Attach a schedule showing gross receipts less cash expenses for each piece of property.

7. **My income from self-employment after business expenses for each business:**
- I am the owner/sole proprietor partner other *(specify)*:
 Number of years in this business *(specify)*:
 Name of business *(specify)*:
 Type of business *(specify)*:

Attach a profit and loss statement for the last two years or a schedule C from your last federal tax return. If more than one business, provide the same information as above for all your businesses.

8. **Additional Income**
 I received one-time money *(lottery winnings, inheritance, etc.)* in the last 12 months *(specify source and amount)*:

9. **Change in income**
 My financial situation has changed significantly over the last 12 months because *(specify)*:

10. **Deductions**
- | | Last month | |
|--|------------|-------|
| a. Required union dues | \$ _____ | _____ |
| b. Required retirement payments (not social security, FICA, 401k or IRA) | \$ _____ | _____ |
| c. Medical, hospital, dental, and other health insurance premiums <i>(total monthly amount)</i> | \$ _____ | _____ |
| d. Child support I pay for my other children from another relationship | \$ _____ | _____ |
| e. Spousal support I pay by court order from a different marriage | \$ _____ | _____ |
| f. Necessary job-related expenses not reimbursed by my employer <i>(attach explanation labeled Question 10f)</i> | \$ _____ | _____ |

11. **Assets**
- | | Total | |
|--|----------|-------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ _____ | _____ |
| b. Stocks, bonds, and other assets you can easily sell | \$ _____ | _____ |
| c. All other property <input type="checkbox"/> real or <input type="checkbox"/> personal <i>(estimate fair market value minus the loans and debts you owe)</i> ... | \$ _____ | _____ |

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12. The following people live with me

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|---|---|
| <p>a. My home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p>(2) If mortgage, include:</p> <p style="padding-left: 20px;">Average principal \$ _____</p> <p style="padding-left: 20px;">Average interest \$ _____</p> <p>(3) Real property taxes \$ _____</p> <p>(4) Homeowner's or renter's insurance
(if not included above) \$ _____</p> <p>(5) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies \$ _____</p> <p>e. Eating out \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone/cell phone/e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education (specify): \$ _____</p> <p>k. Entertainment, gifts, and vacation \$ _____</p> <p>l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance.) \$ _____</p> <p>n. Savings and investments \$ _____</p> <p>o. Charitable contributions \$ _____</p> <p>p. Monthly payments listed in item 16
(itemize below in 16 and insert total here) \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) \$ _____
 (do not include amounts in a(2))</p> </div> <p>s. Amount of expenses paid by others . . \$ _____</p> |
|---|---|

14. Installment payments and debts (not listed above)

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.)

- a. To date I have paid my attorney for fees and costs: \$ _____
- b. The source of this money was (specify): _____
- c. I owe to date the following fees and costs over the amount paid: \$ _____
- d. My attorney's hourly rate is \$ _____

I confirm this information and fee arrangement.

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY) ▶ (SIGNATURE OF ATTORNEY)

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Child Support Information

Fill out this page only if your case involves child support.

16. Number of children

- a. I have _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ % of time with me _____ % of time with the other parent.
(If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance for the children available at work.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for **children's** health insurance is or would be: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case:

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify)*: \$ _____

19. Special hardships:

I ask the court to consider these special financial circumstances:
(Attach documentation of any item listed here including court orders.)

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b \$ _____
- b. Major losses not covered by insurance *(examples: fire, theft, other uninsured loss)* \$ _____
- c. (1) Expenses for my minor children from other relationships who live with me \$ _____
(List names and ages of those children):

(2) Child support I receive for those children \$ _____

The expenses listed in a, b and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case.